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## BIB DATA SHEET

CONFIRMATION NO. 8603

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/954,904	09/18/2001	424	1616	01508-24055.CIP 2
<b>RULE</b>				
<b>APPLICANTS</b> Jie Zhang, Salt Lake City, UT; Hao Zhang, Midvale, UT;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 09/162,587 09/29/1998 PAT 6,284,266 which is a CON of 09/545,496 04/07/2000 PAT 6,465,006 which is a DIV of 09/162,890 09/29/1998 PAT 6,245,347 which is a CIP of 08/819,880 03/18/1997 PAT 5,919,479 which is a DIV of 08/508,463 07/28/1995 PAT 5,658,583 and said 09/162,890 09/29/1998 is a CIP of 08/819,880 03/18/1997 PAT 5,919,479 which is a DIV of 08/508,463 07/28/1995 PAT 5,658,583				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> ** SMALL ENTITY ** 10/17/2001				
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /JAMES HENRY ALSTRUM ACEVEDO/ Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> UT	<b>SHEETS DRAWINGS</b> 14	<b>TOTAL CLAIMS</b> 22
<b>INDEPENDENT CLAIMS</b> 2				
<b>ADDRESS</b> THORPE NORTH & WESTERN, LLP. P.O. Box 1219 SANDY, UT 84091-1219 UNITED STATES				
<b>TITLE</b> Methods and apparatus for improved administration of analgesics				
<b>FILING FEE RECEIVED</b> 588	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	